

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|--------|
| FEE DETERMINATION | D.B. | 70205 | 6-2-99 |
| O.I.P.E. CLASSIFIER | | 16 | 6499 |
| FINALITY REVIEW | RR | 70029 | 6-7-99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 7/29/99 |
| 2 | 1/5/00 |
| 3 | 11/11/00 |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY
 If more than 150 claims or 10 actions
 staple additional sheet here

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